Physician's Monitor.

"The abstract and brief chronicle of the time."

Vol. III. NEW YORK, 1876. No. 6.

Agents affecting Nutrition.

Article on Alitura Wine.

BY A. DELEVAN, M. D.

THIS is a nutritive sparkling wine, containing *food for the brain and nervous system.*

It is made from soluble phosphates and the richest grapes produced in America.

In addition to water and alcohol, which all wines contain, the composition is as follows:

Gum.
Malic Acid.
Grape Sugar.
Volatile Oil.
Œnantic Ether.
Coloring matter.
Bitartrate of Potassa.
Tartrate of Lime, and other salts.
Phosphate of Lime.
" " Magnesia.
" " Iron.
Lactic Acid, and
Carbonic Acid Gas,

which render it a delicious sparkling wine, containing less alcohol than that of wines generally, but a little more than good ale, so that in this regard it occupies a position intermediate with wines on the one hand and ales and strong beer on the other.

From the composition it is evident that for studious, intellectually active persons, this wine will be found a valuable support to the brain and nervous system, while it cannot fail to supply tone and power to the muscle.

Physiologists have established the fact that the vital activity of animal life is proportionate to the quantity of lime phosphates which animals assimilate; and when there is a deficiency of the phosphate of lime in the system of the young, not only rickets and mollitis ossum (flexible bone) occur, but the muscular and fibrous tissues rapidly diminish, consequently physicians have been led to prescribe the phosphate of lime which the system so much requires in these cases, but in most instances the remedy has failed in benefiting the patient—not that the right remedy was not used, but because the system could not appropriate the pulverulent phosphates of lime.

Lactic acid is the natural solvent of recently calcined bones, which furnishes in the perfectly soluble form the tribasic phosphate of calcium.

In this form it is easily assimilated, and is the only remedy in connection with other proper food capable of affording the system the elements of nutrition essential to its support in the cases referred to, and in children whose development has become suddenly arrested.

Every practising physician is familiar with cases of children who, during the process of dentition, or the various critical stages of development, and especially about the time of puberty, feel a disgust for all kinds of food and take but little nourishment; under such circumstances atony of all the tissues and derangements of the bowels are apt to occur.

Towards the other extremity of life, we meet with conditions which in many respects are similar to those in children; and from the morning time of life to old age, we not unfrequently meet with persons in whom almost all the organic functions are to a greater or less degree suspended in consequence of a deficiency in the tissues of phosphate of lime.

It is also true that phosphate of lime is essential to digestion. It is found in the gastric juice, and its action on the digestion of food is such that Blondlot considers the phosphate of lime to be the truly active element of the gastric secretion; however this may be, we do know that the lacto-phosphate of lime not only excites the appetite, but quickly facilitates the digestion of food.

Drs. Dusart and Blacke, of Paris, who have had great experience with the lacto-phosphate of lime, say, "the wine of lacto-phosphate of lime, administered at the end of meals, excites digestion, increases the assimilation of alimentary substances, and awakens muscular energy, which is so often wanting in advanced life."

In the Alitura Wine the phosphate of lime and all the other salts exist in solution, and hence are easily absorbed; and when this wine is taken in conjunction with food, it aids digestion, nourishes the system and is an agreeable cordial.

In grave fevers where nutrition is arrested, and in acute affections of an adynamic form, by the judicious use of this wine the functions of nutrition are restored and the system sustained. Both in acute and chronic diseases digestion is rendered easy and the assimilation of food is secured.

In severe cases of dyspepsia, the addition of pepsin and diastase to this wine, and taken with meals will cure every curable case. Both of these articles are soluble in the wine, and only small quantities are required; a grain of each is quite sufficient for adults and less for children.

Milk in the Treatment of Typhoid Fever.

Professor W. H. Thompson, of the Medical Department of the University of New York, in a lecture on the treatment of typhoid, after referring to the use of beef tea, which he thinks is "more often the plague of a sick-room than any other benevolent mischief that can be named," and to that of gruels, which, though better than beef tea, are still a sort of "starvation" diet, proceeds to state what he would substitute for them as follows:

"Far superior to either of these in its nutritive value and in its digestibility is that liquid prepared originally for the alimentary canal before it is old enough to dissolve any solid food, namely, milk. First, as to nutritive value, there is nothing absent from milk which the system needs, while in all our sick-room preparations there are invariably some deficiences, and, generally, lacking of what is essential to continued life. The bones waste away remarkably in typhoid fever; what is there in beef tea or gruel for them? The nervous tissue rapidly loses bulk also; where in these articles is there the fat which this more than any other tissue needs, except the utterly indigestible boiled fat of beef tea, which turns into caustic butyric acid in the bowels? But milk has been aptly defined as fluid flesh and bones together; still better may we add, soluble nervous matter, for it is the nervous tissue which grows fastest and most at the age when milk alone is the diet. Now we are met by the objection that milk is a very indigestible article in fever, and among the laity we often find a positive dread of it, as if it were poison to the sick. I could never understand how physicians will aim by various measures to make milk digestible to infants who have to live on it; while in fever, if it seems to disagree, from a more than infantile weakness of the stomach, they are ready to abandon the only thing in the world that can be relied upon exclusively. If we dilute cow's milk, then add sugar and a little salt, and, lastly, cream, so as to make a child, starving because it cannot digest cow's milk pure, digest it when it is thus rendered more like human milk, why should we not try the same with a starving fever patient, rather than exchange this complete food for our confessedly incomplete and clumsy preparations? I can only say, in answer, that I have never yet met with a typhoid-fever patient who could not take milk, and not only live upon it alone, but also, in a marked and impressive contrast with those cases which are fed on slops, be found at the termination of the disease with muscles and tissues still nourished enough to cause surprise even to the patient's friends. In order to make milk digestible you should remember that the chief difficulty in the way is its casein, and therefore you should aim to reduce its proportion by dilution with one half or one third of lime-water. The alkali in lime-water is a great assistant to the digestion of casein, for reasons too long for us here to explain, but, in addition, like salt, lime is both an antiseptic and an excellent agent for allaying irritability of the stomach and bowels. I have had patients take as much as six quarts in the twenty-four hours of milk and lime-water for days together, nor do I object to the mere bulk or amount of liquid which this implies, because I do not think that water is other than a need and a benefit to a fever patient, for it is the safest of all diuretics, and in this form I have never found it increase diarrhœa, but rather the opposite.

But you have still remaining a means for completing digestion, which experience leads me to rate as one of our best adjuvants in the task before us. The introduction of artificial solvents, such as pepsin and pancreatin, marks undoubtedly a real advance in therapeutics, but in no conditions does the employment of pepsin seem so much indicated as in the indigestion of fever. In fact, I have been surprised with some results from its use which I was not looking for, namely, that it controls the typhoid diarrhœa better than any agent with which I am acquainted."—*Boston Jour. of Chemistry.*

MISCELLANEOUS

Acute Tetanus successfully treated by the inhalation of the Nitrite of Amyl,

WITH REMARKS UPON THE PATHOLOGY OF THE AFFECTION.

The paper contained the history of a case of violent acute tetanus, beginning on the fourth day after the reception of the wound (an extensive burn), and advancing with great rapidity, having, in forty hours from its commencement, a temperature of 102°, a pulse of 133, and a respiration of 32 per minute, presenting marked opisthotonos, with trismus, and a horrid tetanic grin; and having the muscles of deglutition considerably involved, together with paroxysms of brief and painful spasms, which yet were perfectly controlled by inhalations of nitrite of amyl, which were given in doses of five drops, twice a day, for forty-six days, and which restored my patient to perfect health without the administration of any other agent beyond good nourishment. The patient was exhibited before the College.

The nitrite of amyl was first ordered on the 11th of February, at first in doses of three drops, to be administered by inhalation twice daily, and a record to be accurately kept of the temperature and the pulse morning and evening. Dr. Rudderow, our resident physician, kept the record and administered the nitrite. Dr. R. first administered the amyl on the evening of the sixth day after the accident, and about forty hours after tetanus first discovered itself; before the three drops had half evaporated the heart's action became more quiet, and at each inhalation of the amyl afterwards it was generally observed to have a quieting effect on the heart's action; towards the latter part of the treatment the pulse was among the eighties, although on giving the patient five drops on the 4th of April, six

PNEUMATIC ASPIRATION.

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21. 24.

WE invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

FIG. 68.

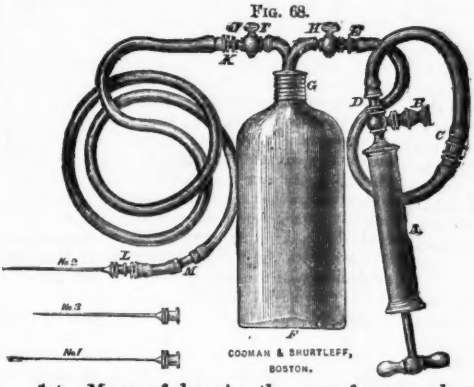

FIG. 69. The Stopper and Cocks supplied with Apparatus No. 2.

1st.—Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action. —*See Dieulafoy on Aspiration*, pp. 276, 278.

2d.—The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d.—The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th.—A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

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No. 2. The same, without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions. 16.00

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days after he had ceased to inhale five drops twice daily, the heart's action was 132, and tumultuous; whether this was because the system towards the last was becoming accustomed to the action of the drug or not is uncertain, but this same action of the heart in angina pectoris is recorded by Brunton and by Wilks. In the present case, after the cure of the tetanus, the amyl excited the heart as in health.

The eyes were suffused; the skin of the face and neck became very much congested; indeed the whole surface of the body was more or less congested, but this soon passed away when the amyl was withdrawn. The three drops had scarcely begun to cause congestion when there was evinced a tendenc to gape, and a few days afterward gaping anc yawning both took place at each inhalation until the administration of the drug was discontinued; this gaping and yawning was produced also on Dr. Rudderow while administering the drug, on each occasion. The man said, some hours after the inhalations, on several occasions, that his head felt as if something was running around in it, to use his own expression. On the evening of the 12th ne felt more comfortable and had some sleep.

On the 13th he felt more comfortable; he was more cheerful; his appetite was a little better; his bowels were regular; his opisthotonos became a little less after each inhalation.

On the 14th he was not so well; he had another spasm, the third; the nitrite was now ordered to be given in doses of five drops twice a day.

On the 15th he is better, more cheerful; takes his nourishment, but says before evening he wants his medicine (meaning his amyl); that it always makes him feel better immediately after he inhales it. On the 16th he is still improving; the sardonic grin is manifestly less, and his ophisthotonos is much less. On the 17th he is still improving.

On the morning of the 18th, the eighth day of the attack, the amyl in the hospital gave out, and it was only on the the evening of the 20th that it was replaced. For forty-eight hours the patient had no nitrite of amyl; his pulse rose late that night to 116, from having been 100 the evening before; his temperature rose to 100°, from having been 98° the evening before. On the morning of the 20th, thirty-six hours after he had taken this last dose of amyl, the opisthotonos and the tetanic expression both were manifestly returning, and he appeared to be threatened with a spasm. In the afternoon, when he again inhaled five drops after an interval of forty-eight hours, he again came rapidly under its influence. He said he felt better almost immediately; his pulse and his temperature again abated. This accident of the cessation of the the administration of the amyl discovers a most important event in its use it points to the efficacy of the drug in this case most notably.

On the 29th of March, forty-six days after the first dose of the amyl was given, the patient appeared to be perfectly well. He could walk about, and eat, and drink, and enjoy himself in every way as before the attack, except having a feeling of weakness. He had inhaled one ounce of amyl.

On Defects in the Domestic Measurement of Doses.

Dr. Robert Farquharson, Lecturer on Materia Medica at St. Mary's Hospital Medical School, writes as follows to the *British Medical Journal* of Feb. 26:

"The scrupulous accuracy with which prescriptions are made up by the highly educated dispensers who are now entrusted with this duty, perhaps tends to make practitioners careless regarding the exact mode of administration of their drugs. For convenience in out-patient departments, the time-honored tea spoon or table spoon is invariably recommended for the division of doses; and we console ourselves for our want of scientific precision by the belief that these domestic measurements usually correspond to certain definite standards laid down in our text-books. Sometimes, however, we find complaints made that our medicine will not last out the week; and, on inquiry, we find that the patients have consumed nearly double the proper quantity during that time, although they have conscientiously endeavored not to exceed the regulated number of tablespoonfuls. This happens so often, and is productive of so much waste and annoyance, that I have lately, with the kind assistance of Mr. Marriott, dispenser to the Western General Dispensary, made a careful inquiry into the capacity of our common domestic measures with the following results.

I will first consider drops which are in occasional use, and which are held in a vague way to be about equal to a minim, although the more educated student of pharmacy would probably tell us that, on an average, they are only equal to half that quantity. Of

	Drops		Minims
Distilled water	56	represent	60
Tinctura opii	113	"	60
Tinctura digitalis	114	"	60
Liquor morphiæ hydrochlor.	100	"	60
Oxymel scillæ	80	"	60
Syrupus papaveris	75	"	60
Glycerine	45	"	60
Spiritus ætheris nitrosi	114	"	60
Tinctura camphore comp.	112	"	60
Acidum sulphuricum dilutum	55	"	60
Oleum ricini	55	"	60
Spiritus terebinthinæ	110	"	60
Oleum anisi	100	"	60

The next point is to inquire in how far the size of the drop is influenced by the shape of the bottle in which the fluid is contained. The experiments just noted were all made by means of an ordinary beaked minim-measure, and I found barely a shade of difference between this and a small phial brought by a dispensary patient. But, on making comparative observations with tinctura opii, I obtained the following variations from my original estimate of 113 drops to 60 minims. Out of the ordinary surgery bottle I obtained

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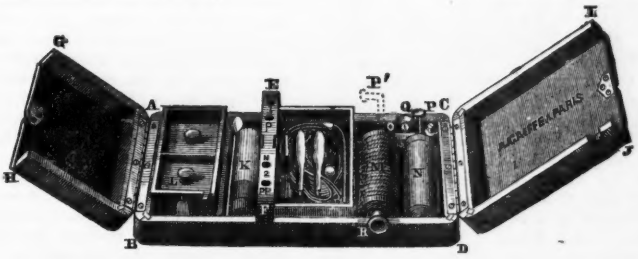

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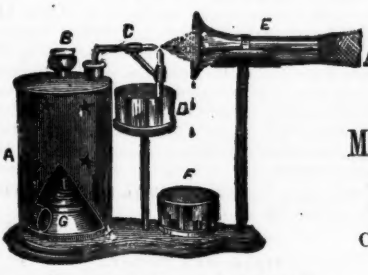

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83 drops to 60 minims, and from a large twelve-ounce bottle in the possession of a patient 93 drops became the equivalent; and, although these differences are considerable enough in themselves, the bottles in ordinary use differ but little from one another, and it will therefore be seen that the quality of the fluid is the main factor in regulating the relative size of the drops.

But drops, after all, are comparatively seldom used, and the universal engine for the division of doses is the tablespoon, which homely implement is always at hand, and is held to represent a certain fixed quantity. In a series of seven, selected at random, and apparently differing very widely in shape and size, I discovered the following remarkable variations. No. 1 contained six drachms; No. 2, six drachms; No. 3, eight drachms; No. 4, eight drachms; No. 5, eight drachms; No. 6, five and a half drachms; No. 7, five drachms.

It was found that a difference of from one to two drachms is made by the spoon being only moderately or completely filled; and of any oily fluid at least an additional drachm can be readily added. The result, therefore, that even the smallest tablespoon does not hold less than five drachms, and that the largest contains at least an ounce, must completely alter our notions of prescribing; for we can surely no longer pin our faith to the regulation quantity of half an ounce, which this domestic measure is usually believed to contain. The dessert spoon was found to be equal to from four to six drachms; whilst four specimens of tea spoons were found to contain respectively eighty minims, ninety minims, and two drachms. The wine-glass must complete the series; and, in four experiments, No. 1 was found to hold three ounces and two drachms; No. 2, two ounces and six drachms; No. 3, three ounces; No. 4, two ounces and a half; and No. 5, two ounces and two drachms—thus exceeding pretty considerably in every case the regulation quantity of two ounces. So much then for the safety and accuracy of the modes of measurement most commonly employed.

It would clearly be difficult, if not impossible, to expect any reform in this direction to come from the overcrowded hospital outpatient rooms; but it is not too much to insist that, in the wards and in private practice, graduated measures should invariably be used as a matter of routine. We shall thus secure, not only greater safety in dealing with poisonous drugs, but greater scientific accuracy in any therapeutical observations we may wish to make upon our patients. But table spoons which hold an ounce, and wine-glasses which hold more than three ounces, can hardly be said to fulfill either of these necessary requirements."

In the *British Med. Jour.*, Dr. Wm. Fraser, of Dublin, says: "I invariably order, with all important medicines, an empty phial to be sent to contain the exact dose required. As a rule, a half-ounce phial is most convenient, for it indicates the medical table spoon; a two-drachm phial answers for the dessert spoon; and the ounce phial, of course, speaks for itself. I have found no cause for complaint about doses since adopting this simple plan, one of the principal recommendations of it, next to its accuracy, being its extreme cheapness."

The External Use of Tincture of Iron.

In the *British Medical Journal*, Dr. A. C. Foster writes: "In simple cutaneous erysipelas, and also in the milder phlegmonous variety, this agent possesses the decidedly specific effect of subduing, almost at once, the morbid action. I have applied it in numerous instances, and always with the most satisfactory results. So far as my experience goes, it is, in these cases, incomparably the best remedy ever used. It seldom happens that more than one painting of the same spot is required, and, having applied it, no other external agent whatever is needed. In scrofulous swellings of the neck its discutient properties are far superior to those of iodine; and where a puerperal breast or inguinal gland in the male has threatened to end in suppuration, the early use of the tincture, every other day or so, with a camel's-hair brush, has been sufficient to effect resolution, while in similar cases we find frequently that leeches, poultices and evaporating lotions fail to prevent the formation of matter. Again, the remedy may be applied most advantageously in acute rheumatism, where any particular joint is especially swollen and painful, and also to the inflamed surface surrounding an unhealthy ulcer, or along the course of the absorbents when irritated by a recent, ill-conditioned wound. The well-known remedy, ink, as a domestic application in ringworm, has long enjoyed a not altogether undeserved popularity, its curative effect being undoubtedly due to its ferruginous ingredient. —*Canada Med. Record*, Feb., 1876.

Anæsthetics.

In the first of his Cantor Lectures on the action and uses of alcohol, Dr. B. W. Richardson gives the following list of substances which will produce anæsthetic sleep. Those in italics are derived from alcohol. Nitrous oxide gas, carbonic oxide gas, carbonic acid gas, bisulphide of carbon, light carburetted hydrogen, hydride of methyl or marsh gas, methylic alcohol, methylic ether gas, chloride of methyl gas, *bichloride of methylene, terchloride of formyl* or chloroform, *tetrachloride of carbon*, heavy carburetted hydrogen, *olefiant gas* or ethylene, *ethylic* (or absolute) *ether, chloride of ethyl, bichloride of ethylene, bromide of ethyl* or hydrobromic ether, hydride of amyl, amylene, benzol, turpentine spirit.

Hardened Paper.

Recent French journals speak of a method of rendering paper extremely hard and tenacious, by subjecting the pulp to the action of chloride of zinc. After it has been treated with the chloride it is submitted to a strong pressure, thereafter becoming as hard as wood and as tough as leather. The hardness varies

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Nitrite of Amyl in Hiccough.

Dr. Simon, of Chicago, reports in the *Chicago Medical Jour. and Exam.*, that a patient who had hiccoughed for twenty-six hours, and been subjected to various treatments without success, was relieved almost instantaneously by inhaling three drops of the amyl nitrite.

Pancreatine as a Therapeutic Article.

The active agent of the pancreatic juice has heretofore been known chiefly in the chemical laboratory, and has not come into very general use on account of its cost. Defresne, of Lyons, has now succeeded in producing pancreatine, which acts upon the carbo-hydrates and albuminous matters as well as upon the fats, in such quantities as will render its introduction into practice quite easy. Crolas reported to the Société des Sciences in Lyons the result of his experiments with Defresne's preparation, which were in general quite satisfactory. The *Archives med. Belges*, November, 1875, gives the mode by which Defresne obtains his pancreatine. The pancreas of sheep is cut finely and digested for twenty-four hours at a temperature of 45° C. The glandular element is now entirely separated from the fibrous part, which rises to the top. After evaporation the pancreatine presents itself as a yellowish-white powder, which is soluble in water, and which has a peculiar characteristic taste. The solution is viscid, ropy, as the pancreatic juice itself, and, like albumen, coagulates upon the application of heat. Alcohol precipitates pancreatine from its solution. This precipitate, soluble in water, is the pancreatic ferment, while the remaining fluid has no action whatever. Pancreatine is destroyed by a temperature of 70° C. (158° F.) The metallic salts and tannin also precipitate it.—*Allg. Wien med. Zeit.*, Jan. 4, 1876.—*The Clinic.*

Medicated Ice.

The possibility of using frozen antiseptics in medicine was recently pointed out by Mr. Edward Martin, in a letter to the *Lancet*, as follows: "Every practitioner has at times to face the difficulties of scarlatinal throat in young children. It may sadly want topical medication; but how is he to apply it? Young children cannot gargle, and to attempt the brush or the spray often fills them with terror. In many cases neither sternness nor coaxing avails. Yet these little ones in almost every case will greedily suck bits of ice. This has long been my chief resource where I could not persuade the child to submit to the sulphurous-acid spray? Lately I have been trying an ice formed of a frozen solution of the acid (or some other antiseptic). Though of course not so tasteless as pure ice, the flavor is so much lessened by the low temperature, and probably through the parched tongue very little appreciating any flavor whatever, that I find scarcely any complaint on that score from the little sufferers; they generally take to it very readily. The process of making it is very simple; a large test-tube immersed in a mixture of pounded ice and salt is the only apparatus required, and a momentary dip of the tube in hot water enables me to turn out the cylinder of ice as the cook turns out her mould of jelly. I have tried the three following formulæ, all of which answer, though I think I prefer the first:

1. Sulphurous acid, half a drachm; water, seven drachms and a half: mix and freeze.
2. Chlorate of potassium, one scruple; water, one ounce: dissolve and freeze.
3. Solution of chlorinated soda, half a drachm; water, one ounce: mix and freeze.

However, the form is of secondary importance, as each practitioner can construct his own. Boracic acid, salicylic acid, or any other harmless antiseptic with not too much taste, would, doubtless, be as useful as those indicated."

Bonwill's Method of Inducing Anæsthesia.

At an introductory lecture delivered by Prof. Adinell Hewson, at the Pennsylvania Hospital, and reported in the *Phila. Med. Times* of March 4, by Dr. T. H. Bradford, a description was given, with illustrations, of Dr. W. G. A. Bonwill's method of diminishing or allaying sensibility by rapid respirations. We quote the following portions of the article:

"You have all of you, I have no doubt, experienced the effects of rapid and deep respirations after violent running, or of blowing hard to ignite a fire—especially the confusion of sight and bewilderment of mind. These Dr. Bonwill recognized many years ago, associated with numbness of sentient nerves, as dependent on the rapidity of the respirations. Pursuing the subject, he has brought it to practical use in his profession—that of dentistry—in which he uses it constantly to diminish the sensitiveness of dentine, and even to produce such insensibility as to allow of the extraction of a molar tooth without pain. Of the latter I have had a demonstration in my own family, which has led me to the study of the subject myself, and this with the most gratifying results. I have used it in stitching wounds, in handling over-sensitive parts, and in probings and the like."

The method was tried upon two boys, who, on account of emotional excitement, failed to carry out the instructions in regard to breathing; and the writer of the report then volunteered to try the process before the class.

"It was his first attempt and was made sitting erect, with his right hand resting upon

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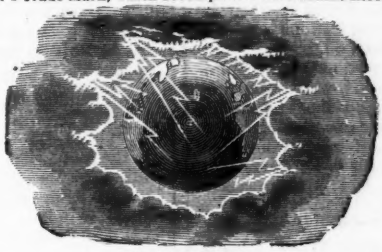

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a table. Breathing rapidly (for about three minutes) was attended first with a tingling sensation of the surface, especially of the fingers, and a feeling as though the surface was all swelling. Then there followed a dizziness or confusion in the head, with consciousness well preserved, but with a feeling of inability to resist or act in an independent way. He remembered well being frequently asked by the doctor if he was hurting him, but had no recollection afterwards of the pin sticking him, much less of its having been firmly imbedded in his flesh, as he found it when he had ceased the rapid respirations and the anæsthetic effect had passed off.

"Some cases of interest, as showing important points in diagnosis, were, after this, brought before the class, and the rest of the hour was occupied in their discussion. After dismissing the class, Dr. Hewson went with the writer to the receiving ward, where they found waiting a boy who had fallen upon the ice an hour previously, and had sustained a severe injury to his left wrist. He was evidently suffering and in great dread of being hurt, and the doctor directed him at once to try the rapid respirations. This, in two minutes and a half by the watch, showed some dizziness in the boy's head, when the doctor picked up the limb and moved it about with the utmost freedom, diagnosing a bad sprain of the wrist, and the absence of fracture. When the boy was recovering he took to crying, on account, he said, of the dizziness and confusion he had experienced. Nothing could have been more satisfactory than this case in its results. He said positively *he was not* suffering any pain, the limb having been put in the easiest position possible."

Ergot in Diabetes Insipidus.

Dr. Da Costa has communicated to the Philadelphia College of Physicians a case of diabetes insipidus, in which he believes that a cure was effected by ergot in about six weeks. It was used at first hypodermically, but causing so much local disturbance, the fluid extract was given by the stomach three times daily in drachm doses, increased after ten days to two drachms.—*The American Medical Weekly*, Sept. 25, 1875.

Hot Water in Surgery.

The New York *Medical Journal* states that, in Belleville Hospital, hot water has, within the past few months, been used in the treatment of some injuries with marvelous results. We extract the following examples:

The water in the bath varies from 100° to 105° Fahr., and is changed as soon as it falls below this. An additional advantage is obtained by the change of the water, as any discharge which forms is removed.

COMPOUND COMMINUTED FRACTURE OF METACARPAL BONES.

The patient was engaged in a machine shop, and while his hand was upon the anvil of a trip hammer, the hammer—weighing seven hundred pounds—fell. It so happened that a file was on the anvil, and in this way the force of the hammer was arrested about half an inch before it reached its bed. When the hand was examined, it was found that the whole of the palm was a mass of pulp. The metacarpal bones were comminuted extensively, and there was apparently but small chance of saving the hand. It was, however, placed in hot water, and kept there for two or three weeks; and, at the end of that time, taken out and dressed. In three months the patient was sufficiently well to leave the hospital, and at present—nine months since the accident—he is able to move the fingers, and has a useful hand.

COMPOUND DISLOCATION OF THE ANKLE JOINT.

The second case was one of compound dislocation of the ankle joint, in which the proximal end of the metatarsal bone protruded from the foot. The dislocation was reduced, and the foot placed in hot water. At the end of a week it was taken out and dressed in the ordinary manner. At the present time the foot is doing well, and promises for the patient a good result.

Oil of Sandal-Wood in the Treatment of Gonorrhœa.

I am fully persuaded (says Dr. S. B. Merkel, in the *Philadelphia Medical Times*,) that the oil of sandal-wood possesses a much greater power in restoring to a healthy state the mucous membrane of the urethra than does either cubebs or copaiba. In no case have I ever known it to produce sickness.

There are objections, I admit, to the use of the oil of sandal-wood, on account of the persistent and disagreeable sensation it leaves in the throat, the irritating action it has on the stomach, and the difficulty of obtaining the pure oil, much of it being adulterated and of inferior quality. The first difficulty is overcome when it is given in the form of a capsule; the second, when it is mixed with a tenth part of the common oil of cinnamon; and the third is to be met by selecting a brand of established purity.—*Druggists' Circular.*

Incontinence of Urine in Children.

Dr. D. H. Hayden enumerates four points which seem to hold out the prospect of cure, viz.: First, training the child to retain its water during the day as long as possible. Second, the cold douche. Third, the moderate use of fluids towards night, and total abstinence from tea. Fourth, the internal use of belladonna, given in increasing doses, till its specific effects are produced.—*St. Louis Med. and Surg. Jour.*

Strychnia vs. Opium.

A very interesting case has just been reported to us showing the antagonism of strychnia to opium. A gentleman, for suicidal purposes, took between 40 and 50 grains of gum opium. Three hours later, when Drs. Harris, Ham, and other physicians, were called, the man was apparently in a dying condition. His

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extremities were livid and pulseless, while his respirations were only eight per minute. As consciousness was completely gone, and the opiate probably mostly absorbed, the stomach pump and the usual remedies were inapplicable. At the suggestion of Dr. Harris, not approved nor yet positively condemned by the other physicians present, 40 minims of a saturated tincture of nux vomica were injected hypodermically, in quantities of about eight minims, at different spots, over the chest, arms, etc. In fifteen minutes the patient sat up, and in twenty minutes walked about the room; and did not again sleep from the effects of the opium. No symptoms of strychnia poisoning appeared. The tincture employed was prepared by Dr. Harris, who thinks it was fully as strong as a fluid extract should be.—*Medical Brief.*

New Mode of Administering Raw Meat.

M. LABORDE, in a French medical journal, recommends the following method for the preparation of raw meat: Make a not very thick broth of tapioca, and let it cool. The meat finely scraped, is diluted with a quantity of cold soup, with which it is thoroughly mixed until it looks like tomato soup. The tapioca is then turned in, little by little, with constant stirring. A homogeneous liquid is thus obtained, in which, when properly made, the meat is so thoroughly disguised that the person eating it does not suspect its presence. The preparation has often been given under the name of "medicinal porridge of tapioca," and has proved very acceptable to the patients.—*St. Louis Eclectic Med. Jour.*, Jan., 1876.

The Nitrate of Zinc in the Treatment of Venereal and other Lesions.

BY HENRY C. PIFFARD, M.D., SURGEON TO THE CHARITY HOSPITAL, ETC.

In July last, Cheron published* some experiments which he had made in the treatment of mucous patches (condylomata lata) by a rather novel method. It consisted in first applying nitrate of silver to the surface of the lesion, and then passing a stick of metallic zinc over the same. The results obtained were so remarkable that Aubert† undertook to repeat the experiments. He came to the conclusion that the effects obtained were brought about by the formation, first, of nitrate of zinc, which in turn underwent a partial decomposition into chloride of zinc (the chloride being obtained from the fluids and tissues) with free nitric acid. The effective agent, therefore, was the chloride of zinc, aided by the minute amount of nitric acid. He then prepared some sticks of fused nitrate of zinc, and used them directly upon the lesions. The result was healing of the lesions in very much less time than was customary with the ordinary applications.

Impressed by the preceding, I prepared in December last some sticks of fused nitrate, and employed it freely as a cauterizing agent in private and hospital practice. The following results were obtained, transcribed in brief from my own notes, and those of my house-surgeons, Drs. Trask and Booth. The applications were usually made twice a week. More frequent applications, however, would in many cases have secured prompter results. The experiments were made during the months of January and February, 1876.

Wm. F.—Simple ulcer of the leg, of three weeks' standing. First, second and third applications followed by improvement, after which no improvement, and the nitrate discontinued.

J. C.—Pemphigus of two years' standing. After the rupture of the bullæ, open sores, from half an inch to two inches in diameter, would remain from three to eight weeks without healing. As the eruption was frequent and plentiful, the patient was a mass of sores. These, gently touched with the nitrate, were all well in from one to two weeks. When fresh bullæ appeared the epidermis was removed, and the raw surface touched once with the caustic. Under these applications they healed in from three to five days.

G. J.—Chancroid of one week's standing; five applications; well in eighteen days. Chronic bubo of long standing; ten applications; well in thirty-two days.

P. C.—Condylomata lata of anus of two months' standing; two applications; well in seven days. Patches of the mouth, of three weeks' duration; two applications; well in six days.

E. L.—Suppurating bubo, six weeks open, 1½" in diameter; three applications in eight days produced no change; six subsequent applications cured in fourteen days later, in all twenty-two days.

J. R.—Bubo and sinus, 2½" long, open since August, 1875; five applications; cured in eighteen days.

J. B.—Bubo, five weeks open; ten applications; healed in thirty-eight days.

T. B.—Condylomata lata of anus; one application; well in three days.

J. S.—Irregular chancroid, with tendency to spread; four weeks' standing; six applications; well in twenty-one days.

M. S.—Syphilitic ulcer of mouth; one application; healed in three days.

M. S.—Chronic chancroid, one year old; ten applications; healed in thirty-one days.

M. T.—Chancroid, four weeks' standing; three applications; healed.

M. S.—Two recent indurated erosions, diagnosticated chancres, of right labium; one application; well in four days.

M. M.—Recent bubo, 1½" in diameter; five applications; healed in twenty-one days.

M. S.—Chronic chancroid, large and indolent; duration unknown; four applications; well in twelve days.

L. L.—Recent chancroid, three weeks' duration; three applications; healed in eight days.

A. C.—Bubo, opened and treated with nitrate of zinc; five applications; healed in fourteen days.

*Gazette Medicale de Paris, July 31, 1875.
†Lyon Medical, Oct. 17, 1875.

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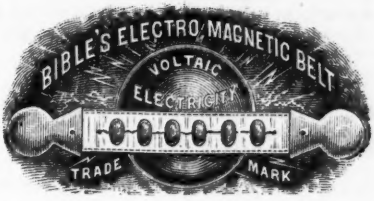

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A. M.—Chronic chancroid, three years' standing, involving ostium vaginæ, fourchette and both labia marjora; six applications; healed in twenty-six days.

After the nitrate of zinc applications, the sores were all dressed with an inert powder of starch and lycopodium, in order that the simple effects of the zinc might be observed. It is probable that the usual iodoform dressing would have secured even prompter results.

In the earlier experiments the nitrate of zinc employed was prepared by Mr. Charles Rice and by myself. In the later ones I used some sticks made for me by Dr. Squibb. These latter proved more active, and were altogether better than the ones first used.—*New Remedies*, February, 1876.

Action of Aconite.

From an elaborate series of observations in *St. Thomas' Hospital Reports*, New Series, vol. v., Dr. John Harley reports conclusions which indicate that, if it be conceded that aconite ameliorates the febrile condition, it does not much control it; and that it cannct in any degree anticipate or cut short the pyrexial stage in a disease (relapsing fever) against which, if it did possess the febrifuge properties ascribed to it, its influence ought to be most marked.

A "Certain" Cure for Rheumatism.

Judging from his article in the *Wiener Medizinische Presse*, Dr. Franz Heller is an enthusiast in the administration of caustic ammonia in rheumatism. For several years he had been a sufferer from severe muscular rheumatism in the right shoulder; he had taken all the common anti-rheumatic remedies with but little alleviation, when he began to reason that in rheumatism, as in gout, there may be a uric acid diathesis; he thought that liquor ammoniæ, on account of its rapid volatilization, would be the remedy most readily absorbed, and the most prompt in action. In almost the same moment in which he took one drop, diluted with water, he felt a complete relief from the pain which had lasted for ten hours; he was now able to move freely the arm which, an instant before, he could scarcely bear to have touched. The remedy, he claims, has proved a positive cure in all recent cases of muscular rheumatism which have fallen under his observation: he cites numerous cases in which relief, as instantaneous as his own, was experienced.

He also observed its effects in several cases of acute articular rheumatism, in two of which six drops sufficed to subdue the pain and swelling within a period of twenty-four hours.

In one case of chronic rheumatism of a finger joint, which had lasted for over half a year, the simple administration of the ammonia completely dispelled the inflammation and pain in the joint within two days.

He then discusses the mode of action of his remedy. "If we consider an excessive acidity as the cause of the rheumatism, we can scarcely claim in the cases in which one drop will instantaneously relieve the pain in recent rheumatism, that one drop was sufficient to counteract the effects of the excess of uric or (according to Fuller) lactic acid.

"Nothing remains therefore but for us to seek for the source of rheumatism in a morbid nervous activity induced by disturbances of nutrition, and to believe that the ammonia acts as a nervine directly upon the nerves."

Phenic Acid as a Blistering Substance.

Dr. Henderson substitutes pure phenic acid for cantharides as a blistering substance; he considers this method the most rapid and least painful, besides not exposing the patient to the cystitis that cantharides causes; it can be applied to the renal region in certain forms of nephritis.—*Union Medicale.*

Action of Chloral on the Rectum.

It would appear that chloral is one of those agents which act with nearly as much energy when introduced in the rectum as when taken in the stomach. In a case of puerperal convulsions to which we had been called in consultation, a solution of bromide of potassium with hydrate of chloral, which could not be swallowed by the patient, was injected in the rectum, with the effect of allaying spasm promptly and decidedly. It was repeated in the same case with excellent results. Since that time, other trials of chloral as an enema have confirmed its value in this mode of administration. The quantity of thirty grains in two or three ounces of water will generally be sufficient for a single injection. A late No. of the *Gazette Hebdomadaire* reports a case of obstinate chorea cured in fifteen days by the injection of sixty grains morning and evening.

Since writing the foregoing paragraph we have had a curious illustration of the quickness with which chloral is absorbed by the lining membrane of the rectum. A lady who suffered severe uterine neuralgia, and to whom the taste of chloral hydrate was extremely unpleasant and provocative of vomiting, had a solution containing twenty grains of the medicine thrown into the rectum. Within two minutes she perceived the taste of it in her mouth, and was seized with severe vomiting.

Small Pox and Vaccination.

The Toronto *Sanitary Record* says that nearly one-eighth of all the deaths in Montreal in 1875 were from small pox. The number was 784, and of these 653 were French Canadians. There is a ready explanation of this wanton slaughter. A crusade was got up against vaccination, mainly by one or two French physicians, who availed themselves of the ignorance and prejudice of the French Canadian population to foment a fanatical opposition to the practice, which even broke forth on some occasions into mob violence. Posterity will build a monument to anti-vaccinationists, constructed, like some monuments we read of in Africa, of the skulls of their victims.

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Irritability of the Bladder Treated by Dilatation of the Urethra.

IN the *London Lancet* for March, Dr. H. Bendelack Hewetson records a case of great interest to the profession, as demonstrating the entire success of a mode of treatment recently introduced. The patient was a female aged 36, who for fifteen years had been under the necessity of rising "every half hour or hour" during the night to urinate. The urine passed in small quantities with great effort and pain, and there was a constant sense of weight and bearing down. Retention of urine came on occasionally, requiring the catheter. Her general health was much broken. On examination, the orifice of the urethra was found surrounded by warty growths. Under the influence of chloroform these were all removed, and also a small hemorrhoidal tumor, and at the same time the sphincter ani was forcibly dilated by the fingers. Partial relief followed, but the relief was temporary. Dr. Hewetson placed her again under chloroform, and introduced the dilator, and slowly stretched the urethra so as to admit of the introduction of the forefingers into the bladder, distending not only the canal but the neck of the bladder. No bad effects of any kind followed, and for the first time for years she was not disturbed during the whole night. Her painful and distressing condition was entirely removed within a week. She gained strength and health rapidly. No return of disease occurred. In six weeks she took a walk of eight miles without suffering. In short, the cure was complete and permanent. "Thus, then," says the writer, in conclusion, "were the miserable and intractable sufferings of years, shutting out this poor woman alike from society and employment, put an end to by an operation whose best recommendation is its simplicity and success."

Fistula in Ano Cured by the Elastic Ligature.

F. A. A. BELINGE, M. D.

J. C., æt. 50, came to me to be treated for fistulous sinuses near the anus, of nine months' duration. On examination I found several openings. Two of these admitted the probe to the depth of about three inches, and one of the latter was situated about one inch from the anus. None of these sinuses opened into the rectum. I proposed to treat the smaller ones with the knife and the deeper ones with the elastic ligature, to which he gave consent.

I laid the smaller sinuses open with the knife, and after some time, though not without trouble, they healed up. I next turned my attention to the others. One day, I endeavored to introduce my finger in the rectum, but the sphincters were so contracted that I had some difficulty in pushing my finger up, and it caused him so much pain that I had to desist. I saw that it would be necessary to etherize him before I could proceed with the operation.

I will now say a few words about a little instrument which I used on that occasion. It is an instrument devised by Mr. Allingham, Surgeon to St. Mark's Hospital, Dublin, to facilitate the introduction of the elastic ligature in these cases. It consists of a curved probe with a notch near the end, fitted to a handle, and a sliding canula, which conceals the notch when the instrument is introduced. The probe is either blunt or sharp-pointed. The latter is intended for use when it is proposed to treat tumors with the elastic ligature, by pushing it beneath them. I had one of these instruments made. On the day appointed, I requested the assistance of my friend, Dr. H. Gibbons, Jr. He etherized the patient, and I proceeded as follows:

I introduced the blunt probe, with the notch hidden by the canula, through the sinus; pushed it into the rectum to complete the fistula, drew back the canula so as to expose the notch, introduced a loop of solid rubber cord in the rectum on the end of my index finger, slipped it over the end of the probe into the notch, pushed the canula home to hold the ligature, and then withdrew the probe and canula with the loop firmly grasped, tightened and fastened it. I repeated the operation for the second fistula. Both ligatures came away in about eight days and the patient was cured.

I relate the above case to call attention to the instrument used, and also to add to the literature of the elastic ligature in surgical cases.

In sinuses, its advantages over the knife may be stated to be as follows:

The patient does not dread it as he does the knife.

No anæsthetic is needed in ordinary cases.

It is comparatively painless.

There is more rapidity of cure.

The operation is bloodless, an advantage not to be lightly valued where the fistula extends high up in the bowel.

There is not much suppuration.

Lastly, I think confinement might be dispensed with.

Extraordinary Degree of Animal Heat

THE following passage occurs in the Report on Anatomy and Physiology, made to the Virginia State Medical Society, by Dr. W. C. Dabney:

"Until quite recently there has been an almost universal conviction among physicians that a *temperature* above about 110° F. was *incompatible with life*. In November last, however, a case occurred in England which has unsettled, if not upset, all our preconceived views on this subject. The history of this singular case is as follows: On September 5th, 1874, a lady was thrown from her horse, the animal falling and rolling over her several times. Two of her ribs were fractured, but they soon united. She

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never lost consciousness, but complained of some pain in her back. She got on very well, however, and seemed to be convalescing till about the 1st of November, when her temperature began to rise. On November 3d her temperature was 103.5°; on the 6th, 106°; on the 14th the mercury was buried in the bulb of the thermometer, *above* 122° (its highest registering point), about which the temperature remained for some weeks. The pulse rose to 120, was small and thready, and the emaciation was extreme. There was also intense pain along the spine. All the symptoms, however, gradually abated, and although there were several relapses, she finally recovered entirely.

Curare in Hydrophobia.

OFFENBERG (*Wien. Med. Presse*, 1876, p. 1) gives a case of this disease occurring in a girl of 18. After using injections of morphia and inhalation of chloroform without effect, seven hypodermic injections of curare, aggregating three grains, were administered in the course of five to six hours. The muscular disturbance ceased almost immediately, the other symptoms subsiding more gradually, and, at the same time, paralysis appeared, reaching its height the next day, and gradually diminishing. Great prostration continued, and it was some months before the patient recovered.—*Phila. Med. Times.*

Carbolic Acid in Treatment of Whooping Cough.

SAMUEL LEE writes to the *Br. Med. Jour.* Mar. 18, p. 348, that he has used carbolic acid inhalations in both mild and severe forms of whooping cough, and in both with considerable relief. In three cases that have come under his notice in adults, in one which the malady had continued in spite of all treatment for eight months, attended with hæmoptysis and severe and frequent attacks of coughing, the relief obtained from inhalations of the acid was very marked.

Domingos Carlos has also employed carbolic acid as a last resort in the case of a child, three years of age, which had suffered of whooping cough for two weeks, and upon which all other known remedies had been exhausted. The complaint yielded in two days completely. Other cases since treated in like manner gave equally favorable results. His method of administration is: Acid. Carbol. cryst. 0.25 gm. (4 grs.), Aquæ Aurant. flor. 5.0 gm. (4 ʒ), Syrup. Acac. 50.0 gm. (1½ ʒ), S. 4 to 6 teaspoonfuls daily.

Colored Light in the Treatment of the Insane.

To those interested in the treatment of the insane, many thoughts must be suggested by the recent investigations of Dr. Ponza, of Alexandria, on the influence of colored light in the treatment of insanity and allied disorders of the nervous system. As a means of discipline, the two extremes—viz., open daylight and darkness—have been employed in this country more, perhaps, than in any other; and yet the spectral modifications have escaped our notice in their influence on the diseased mind. This is curious, because in no branch of the profession so much as in lunacy, and in no part of the globe more than in this country, have the features of disease been more accurately described, and yet the clue to the use of colored light given by the insane has been by us overlooked. Take, for instance, the epileptic temperament, where the religious sentiment, the peculiarities of different kinds of seizures, the general neatness and fastidiousness of attire, the fondness for colors, etc., have been so accurately noted by English observers; but where, beyond seclusion in a separate and usually darkened room, no use of the evident love of this class of patients for color has been made.

Dr. Ponza's experiments consisted, in the abstract, in placing his patients in chambers colored red, blue, and violet, with most surprising results. In the red room he placed a melancholic man, who had refused his food, but who, three hours afterwards, was found lively and hungry. In the blue chamber he placed a violent lunatic who became much quieter within an hour. In a violet room he procured equally good results. Of all the rays of the spectrum, the violet are those which possess the most intense electrochemical rays; the red are richest in caloric rays; whilst the blue, devoid of caloric, chemical, or electric rays, is in fact the negation of all excitement, and is most useful in calming violent accesses of fury. Couched in the choice, neat phrases by which French authors commonly express themselves, the experiments seem conclusive. True it is, that we have reports of only a very few cases; that no indication is given of various sources of fallacy; that the accounts of the permanence of the cure are unsatisfactory; still the fact remains, that a record has been made of a new method of treatment, the facilities of working, and economy of which commend it to those working in the same line.

No experiments are on record of the different properties, as regards extent, of the calorific, chemical, or electric parts of the spectrum of bright daylight in different countries. It cannot, indeed, be said, in the absence of direct experiment, that such differences actually exist; and yet a priori reasoning would lead us to expect it. The flow of spirits and the emotional susceptibility in the inhabitants of brightly lighted but not oppressively hot countries; the feeling of buoyancy that all experience in a bright summer in this country; the change from depression to exuberance in visiting lands with clear and bright atmospheres; the improved digestion in warm and clear weather; and the depression of darkness—

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all tend to show the influence of light on life. Ever since and before the days of Sartor Resartus, the dress and its color have given a certain clue to the life of the inner man; and the variegated dress of the most civilized warm countries are but external manifestations of minds influenced by atmospheric agents, the chief of which is light. It is interesting to notice how a person in various stages of an insane condition will exhibit traits of character and alterations of dress that we can recognize as being usually associated. Thus, in a stage of depression, his clothes will be, if he exhibit any choice at all, as sober as a Dutchman's; but when he has entered on another phase, and has become gay and excited, no peasant that ever lived in the sunniest spot can match him in his peculiar arrangement of dress and color. Many insane persons can stare at a bright sun steadily; this, too, when the vision for near and distant objects is by no means impaired. These seem to be unsusceptible to spectral influences, and their insanity is usually of a harmless description. As might have been expected, blind insane persons are, unless rendered irritable by the dependent state of their life, or troubled with hallucinations of other senses, quiet and uninteresting; their life, being deprived of light, exhibits no peculiar color in mind or body.

Heat, as shown by the experience of the Turkish bath, is a powerful curative in insanity, chiefly because it promotes sleep. Electricity is of proved advantage in primary dementia and melancholia. In light we have a combination of these with a third—chemical influence—which has been long utilized in the artificial rearing and forcing of plants, and which is destined to bear a large part in the treatment of the highest development of life—the human race. One of the greatest punishments that can be inflicted is to place a person in total darkness; nothing is so dreaded in the army, in the convict service, and by the insane, when it is used as a punishment. We look upon "seclusion"—i. e., separation in a single darkened room—as of absolute necessity in some states of insanity, especially when associated with epilepsy; and is it right that those who argue on the propriety of using seclusion should be met on the ground of its being a really curative measure. Surely a remedy which has not only electric, chemical, and thermal properties, but which can be modified so as to procure any desired arrangement of these, and one combining also, as it does, opportunity for separation from other exciting causes, must and always will be, and should be, a powerful instrument in treating insanity; and the ideas of those are visionary who hope to treat acute or chronic disease without it. It is very probable that temporary color—blindness—modifications of the internal machinery giving rise to hallucinations of color—are very common in the insane, and lead to acts of which an outside observer cannot perceive the rationale. In such cases an artificial light might be of the greatest value. The violet rays, which possess the most electro-chemical rays, are precisely those which might be expected to be of service in dementia, melancholia with refusal of food, and hysteria with dyspepsia.

A subdued natural light is essential to rest and sleep; and, if we can do away with the terrorism inspired by placing a patient in an absolutely dark room, whilst modified light can be afforded, without doubt in numberless instances repose will be gained which sedatives might be unable to procure. Everywhere, when rest is desired, or the emotions have to be appealed to, colored light is employed. Witness the "stained and storied pane" in ecclesiastical edifices; the dim light of the Turkish bath; the deadening and coloration of light on the stage, when sympathies of the audience are appealed to; the "darkness that can be felt" on a rough night at sea.

That the gloominess of many old large asylums has a depressing effect on the inmates is seen by the surprising recovery of the latter when removed to better conditions; whilst, on the other hand, very light rooms and corridors are unsuitable to the treatment of many forms of acute disease. Many insane refuse to wear clothing, unless dyed of a certain color. Why not seize the fact, and, treating it as a delusion or an hallucination, treat them according to the color of their minds? It is a fact that some persons can detect the color of a material by feeling it. Suppose such a one in an insane state irritated by contact with material of a color from which, as a result of a delusion, he has a special aversion; how his case must be retarded unless the very conditions of his mind are recognized, and he is bathed in light of a proper tint.

There is a harmony between light and sound, and a judicious application of the latter are still to be made in the treatment of the insane.

We read recently in a German book of a "gamut of smells," where the author professes to give a chord of flowers analogous to a musical combination. There is no reason why other special senses besides light should not be brought under control. Facts on all these subjects are still wanting. We can do no more than indicate what has been done and the paths of future inquiry. The simplicity of this Jordan may have caused it to be overlooked; but we advise all interested to read Dr. Ponza's short essay in the "Annales Medico-Psychologiques" for January.—*Brit. Med. Jour.*

NEW REMEDIES

Ergot of Rye as an Antipyretic.

The writer tried ergot in cases of enteric fever, with the object of lowering the tem-

Oil of Sandal-wood in Gonorrhœa.

THE OIL OF SANDAL-WOOD (one-tenth part Oil of Cassia) possesses a much greater power in restoring to a healthy state the mucous membrane of the urethra than either Cubebs or Copaiba. It never produces sickness, and is so certain and speedy in its action as to fully entitle it to be called THE specific in comparison with the other remedies. The objections to its use are: the persistent and disagreeable sensation it leaves in the throat, the irritating action it has on the stomach, and the difficulty of obtaining the pure oil, much of it being adulterated, and of inferior quality. The first difficulty is entirely overcome when given in the form of Capsules, the second is likewise wholly overcome when it is mixed, as by us, with a tenth part of a common Oil of Cinnamon, carefully selected, and with regard to the third objection, having had sixteen years' experience in buying and selling the Oil as a medicine, and during this time having become the largest dealers in Oil of Sandal-wood in the world, we can and do guarantee that the pure oil of good quality only is used in Soft Capsules. It is fast superseding every other remedy, requiring, under favorable circumstances, *only* sixty Capsules to insure a safe and certain cure in six or eight days. From no other medicine can a like satisfactory result be obtained. Our own Copaiba require on an average about twenty days; our Copaiba and Cubebs about seventeen, and our Matico about fifteen; while the best of the *hard* Capsules require about forty days.

The following is from the May Number of "The Physician and Surgeon," published Monthly under the auspices of the College of Physicians and Surgeons, Baltimore.

"The Professors of the College of Physicians and Surgeons, who lately have had the charge of their Dispensary, authorize us to say that they have given a fair trial to DUNDAS DICK & CO.'S CAPSULES OF OIL OF SANDAL-WOOD in Gonorrhœa, and that they can recommend hem to the profession as a safe and speedy remedy."

Oil of Sandal-wood in Gleet.

"MR. BERKELEY HILL, of University College Hospital, has tried the oil of sandal wood in nineteen cases of urethral discharges of some weeks or months' duration. Its efficacy, though uncertain, is often very marked. In several cases it arrested the discharge by the third day, and when taken for seven days, prevented any further return. Of the thirteen favorable cases, cubebs and copaiba had been employed previously in seven without any advantage; in three of the seven the copaiba produced too much disturbance to be borne; so that from this it would seem that some stomachs tolerate oil of sandal wood that cannot bear copaiba. In all the patients one injection—in some several—had been employed before the oil was prescribed. In the nineteen cases the dose most often tolerated was fifteen drops, taken three times per day. But eight drops in two patients had the desired effect, while forty drops were given to three patients without producing intolerance. In these cases all other treatment was laid aside while the oil was being used."—*British Med. Journal.*

perature. The results were very satisfactory, and its employment in this disease seems to M. Hayem preferable to that of quinia or digitalis. Under ergot there is a much more rapid defervescence; and at the period of the acme, instead of there being a rise in the temperature chart, a plateau is obtained. In some cases in which the ergot was only given during the day, the evening temperature was not so high as the morning. The dose varied from thirty to fifty grains in the twenty-four hours.—*Rev. de Therap., The Clinic.*

Treatment of Epistaxis.

HAVING read Mr. John Cochrane's communication in the "Journal" of January 15th on the above subject, I am induced to record two cases of severe nose-bleeding treated by the local application of liquor ferri perchloridi by a simpler and more easy method than by plugging with lint soaked in a solution of iron, or by injecting the solution up the nostril. The first case was in a woman suffering from cardiac disease with pulmonary and renal complications, in which loss of blood to any great extent would be likely to induce serious results. The bleeding had been going on for some hours when I saw her, and was almost running from both nostrils, a large clot of the size of an apple hanging over the mouth. I removed the clot, and the blood fairly gushed out. I then injected up both nostrils a solution containing one part of liquor ferri perchloridi fortior and three parts of water with a simple glass syringe, with the result of immediately sealing up the nostrils and stopping the hemorrhage. A quantity of blood had escaped through the posterior nares, and this also stopped at once. I used about three ounces of the solution altogether. There was not the slightest return of hemorrhage, and in two days I removed the plug, which was as perfect as one made with lint or aught else.

The second case, of a child, was also one of great severity, and all usual remedies had failed. Half an ounce of the solution (1 to 4) immediately checked the bleeding. I think the injection preferable to making a plug with lint soaked in a solution of iron, for two reasons: 1. It is much more easily applied; 2. It is more likely to reach the seat of hemorrhage, and consequently would be more effectual.—William Cox in *Brit. Med. Jour.*

Hydrastin in Gonorrhœa.

DR. J. N. BREDIN, in the *London Lancet*, says: "As far as internal treatment is concerned, I merely give in the first stage a saline aperient to be continued three times daily for four or five days, together with the following injection: hydrastin, one drachm; solution of morphia (Magendie's) two drachms; acacia mucilage to four ounces; to be used three times daily. This I have employed when inflammation ran very high, without even the slightest ill effects, and have used it in every stage of gonorrhœa with the most beneficial results, when every other treatment, both internally and locally, had failed, including red sandalwood oil. But there is one remark I wish to make regarding the use of injections, which medical men generally forget, and that is, to tell their patients to micturate previous to its use. Unless this is done, injections in gonorrhœa are useless. Hydrastin is used very much in different parts of the United States, and very successfully. My last patient was a farmer, who had had a gleety discharge for seven months. His medical man had quite wearied him out with injections, etc., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well."

Collodion and Morphine in Shingles.

AFTER exhausting all the methods advised for the treatment of shingles, and especially the atrocious pains which attend this disease, Dr. Bourdon adopted the following: A stratum of morphinated collodion (collodion 30 grammes, muriate of morphia 50 centigrammes) was applied to the diseased parts without opening the vesicles. The pain ceased on the second day, and after seven or eight days, when the pellicle fell off, the vesicles had entirely disappeared, and only a slight redness was apparent.—*Gaz. Med. Ital.*

Chloral Hydrate as an Antidote to Strychnia.

A MOST extraordinary case of recovery from strychnia poisoning, due to treatment by chloral hydrate, is reported in last week's *Lancet* by Dr. Charteris, physician to the Royal Infirmary, Glasgow. On March 12, a butcher of that city, in a despondent condition, bought from a chemist two sixpenny packets of Gibson's Vermin Killer. These contained two grains of strychnia in each. Then he adjourned to the parlor of a public-house, bought some whisky, in which he dissolved the contents of the two packets, added some ginger ale, and drank off the mixture. In order to make sure work of it he bought another draught of ginger ale, and drank it from the same glass, so as to dissolve any remnant of the poison. This was about 11.30 A.M. Then he walked across the street to a butcher's shop and asked to be allowed to sit down. A succession of tetanic fits ensued, and these seem to have continued for several hours. About 1 P.M. an emetic of hot water and sulphate of zinc was given, which, however, produced only partial vomiting. It was 3.30 P.M. when he was brought to the Royal Infirmary. He was in great agony; violent tetanic spasms followed each other in quick succession, increasing in severity. With great difficulty the stomach pump was pass-

CALENDAR FOR 1876-77.

1876.	Sunday	Mond'y	Tu'sd'y	Wedn'y	Th'rs'y	Friday.	Saturd.
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1876.	Sunday	Mond'y	Tu'sd'y	Wedn'y	Th'rs'y	Friday.	Saturd.
JULY.	..	..	..	..	..	..	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	..	..	..	..	..
AUGUST.	..	..	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	..	..
SEPT'R.	..	..	..	..	..	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
OCT'R.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31	..	..	..	..
NOV'R.	..	..	..	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	..	..
DEC'R.	..	..	..	..	..	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	..	..	..	..	..	..

1877.	Sunday	Mond'y	Tu'sd'y	Wedn'y	Th'rs'y	Friday	Saturd
JANUARY.	..	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	..	..	..
FEBRUARY.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	..	..	..
MARCH.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
APRIL.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	..	..	..	..	..
MAY.	..	..	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	..	..
JUNE.	..	..	..	..	..	1	2
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	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

1877.	Sunday	Mond'y	Tu'sd'y	Wedn'y	Th'rs'y	Friday	Saturd
JULY.	1	2	3	4	5	6	7
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	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31	..	..	..	..
AUGUST.	..	..	..	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	..
SEPT'R.	..	..	..	..	..	..	1
	2	3	4	5	6	7	8
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	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	..	..	..	..	..	..
OCT'R.	..	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	..	..	..
NOV'R.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	..
DEC'R.	..	..	..	..	..	..	1
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	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	23	29
	30	31	..	..	..	..	..

OBSTETRIC CALENDAR.

NINE CALENDAR MONTHS.				TEN LUNAR MONTHS.	
From	*To*		*Days.*	*To*	*Days.*
January, 1	September, 30		273	October, 7	280
February, 1	October, 31		273	November, 7	280
March, 1	November, 30		275	December, 6	280
April, 1	December, 31		275	January, 5	280
May, 1	January, 31		276	February, 4	280
June, 1	February, 28		273	March, 7	280
July, 1	March, 31		274	April, 6	280
August, 1	April, 30		273	May, 7	280
September, 1	May, 31		273	June, 7	280
October, 1	June, 30		273	July, 7	280
November, 1	July, 31		273	August, 7	280
December, 1	August, 31		274	September, 6	280

The above calendar may be read as follows: A patient has ceased to menstruate on the 1st of July; her confinement may be expected at soonest about the 31st of March, (*the end of nine Calendar months;*) or at latest on the 6th of April, (*the end of the ten Lunar months.*) Another has ceased to menstruate on the 20th of January; her confinement may be expected on the 30th of September, plus 20 days, (*the end of nine Calendar months,*) at soonest; or on the 7th of October, plus 20 days, (*the end of ten Lunar months*) at latest.

THE PULSE.

AVERAGE FREQUENCY AT DIFFERENT AGES; IN HEALTH.

Ages.	Beats per minute. (Carpenter.)			By other authorities.
In the fœtus *in utero*,	between	150	and 140	
New-born infants,	"	140	and 130	
During 1st year,	from	130	down to 115	120-108
" 2d year,	"	115	" 100	108- 90
" 3d year,	"	105	" 95	90- 80
From 7th to 14th year,	"	90	" 80	80- 72
" 14th to 21st year,	"	85	" 75	85- 80
" 21st to 60th year,	"	75	" 70	70- 60
In old age,	between	75	and 80	

The pulse is generally more frequent, *in females*, by 10-14 beats per minute; *during*, and, *after xertion*, unless long continued; *during digestion*, or *mental excitement*; generally, more frequent *in the morning*; and less frequent, in health, *in the nervous* as well as in the *phlegmatic* temperament.—*Elmer's Physician's Hand-Book.*

ed, but only some sour watery fluid was withdrawn. At 4.50 P.M. 10 grains of chloral hydrate in syrup were administered. Twenty minutes after the dose was repeated, and at 5.30, 20 grains were given. Immediately afterwards there was a severe and prolonged spasm, succeeded by a flaccid state of the muscular system, hurried respiration, quickened pulse, and drooping eyelids—phenomena which indicate the effect of chloral. Three more doses, 10 grains each, were administered between this and 9.30 P.M., the symptoms of poisoning subsiding. The patient was dieted on milk and rice, and in four days had completely recovered. He said if he wished to die again he would choose something other than Gibson's Vermin Killer. Dr. Charteris afterwards tried some experiments on rabbits, and found that the administration of chloral hydrate after strychnine most decidedly checked the poisonous effects, though in one case where a longer interval had been allowed to elapse between the poison and the antidote the animal was paralyzed from the middle of the spine downwards. It is stated also, to account for the slowness of the action of the strychnine in the man's case, that he had previously taken a substantial breakfast of ham and eggs.

Compressed Sponge for Abscess.

A PATIENT had been suffering from mammary abscess for three weeks, but without any special benefit from treatment in checking the discharge of pus. It was decided to try the effect of compressed sponge, and for this purpose a sponge about ten inches in diameter was subjected to pressure and then applied by means of a bandage over the breast. After it had been in use forty-eight hours the abscess was completely cured. No pain was experienced by the patient, and in this case the opening in the breast was three inches above the dependant part of the abscess. In applying a sponge to the breast in this class of cases, it is found of advantage to compress it when dry. After it is applied to the breast and firmly secured in position, a little water is poured upon it to cause expansion and the necessary pressure.—*Med. Times.*

Chemical Brevities.

Pencils of Nitrate of Zinc.

PENCILS and cones of nitrate of zinc, which have come into use of late for cauterizing purposes, may be made as follows: Dissolve good commercial zinc (Lehigh) in nitric acid (sp. gr. 1.200), until the latter is saturated; separate the solution from the undissolved zinc, and while still warm, add one part of precipitated carbonate of zinc for every thirty-two parts of zinc in solution. The carbonic acid of the carbonate of zinc is transferred to the iron, which contaminates the commercial zinc and is present as ferric nitrate, and an additional quantity of nitrate of zinc is formed; the heat, however, causes the decomposition of the ferric carbonate, the carbonic acid escapes, and ferric oxide together with the excess of carbonate of zinc is deposited. Filter the solution, which must be considerably diluted with water to prevent it from tearing the filter, and evaporate it on a sand-bath until it appears as a fused mass, but yet liquid. Should the evaporation have been conducted too far, which is indicated by the escape of yellowish fumes, the vessel should be removed from the fire, allowed to cool, and a quantity of very dilute nitric acid added, after which it is again to be evaporated to the proper point. This fused liquid, which must not be so hot as to ignite paper on which a few drops have been allowed to fall, is poured into paper moulds about four inches in length, made by rolling paper around glass rods or lead pencils, pasting the edge and closing the bottom. No oil or fat of any kind must be used, as the paper will invariably take fire in this case. When the sticks are hard they are inclosed in glass tubes, and the latter well corked. For use, a small quantity of the paper is removed from one end by means of a knife, and, if desired, the end of the pencil may be pointed.—CH. R.

A New Antiseptic Dressing.

THE *Edinburgh Med. Jour.* of September, contains a formula for a new antiseptic dressing employed by Lister in a case of rodent ulcer of the face: Boracic acid in fine powder, one part; white wax, one part; paraffin, two parts; almond oil, two parts. The ingredients, after being mixed by melting the wax and paraffin, are stirred in a warm mortar till the mass thickens, and then set aside to cool, after which the fine substance is reduced in a cold mortar, in successive portions, to a uniform soft ointment. This is spread thin on a fine rag, and when the almond oil leaves it, as it soon does through the capillary attraction of the porous external dressing, a smooth, firm layer remains, which can be separated from the skin without leaving any greasy substance adhering, and does not at all confine the discharge which, while freely shed, is perpetually supplied with a sufficient quantity of boracic acid to insure absence of putrefaction, while not preventing cicatrization.

Another, and it is thought by Dr. Henry (*London Med. Record*) a better application in cases of this nature, is an ointment composed like the one above described, except that instead of one part of boracic acid, it contains half the quantity of salicylic acid, the antiseptic virtues of which have been recently discussed by Prof. Kolbe, of Leipsic. Salicylic acid, while possessing very remarkable antiseptic powers, is even less irritating than boracic acid.

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Its greatest merit lies in the fact that it is a perfectly soluble hydrate, or a complete combination of magnesia and water, and when mixed with distilled water and placed under the microscope, discloses a uniform cloudiness but no separate particles of the alkali.

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Its agreeable taste and milk-like smoothness render it very valuable in infancy and derangements of the digestive organs of adults. We therefore recommend it to the profession as fully worthy of their confidence.

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Indiana Medical College	Indianapolis, Ind.	1849	J. A. Comingor, M.D., Sec.
College of Physicians and Surgeons	Keokuk, Iowa	1849	J. C. Hughes, M.D., Dean.
Medical Department of Iowa State University	Iowa City, Iowa	1870	W. F. Peck, M.D., Dean.
Medical Department of the University of Louisville	Louisville, Ky.	1837	J. M. Bodine, M.D. Dean.
Louisville Medical School	" "	....	
Kentucky School of Medicine	" "	....	
Medical Department of the University of Louisiana	New-Orleans, La.	1835	
Medical School of Maine (Med. Depart. of Bowdoin College)	Brunswick, Me.	1820	C. F. Brackett, M.D., Sec.
Medical Department of Washington University	Baltimore, Md.	1867	C. W. Chancellor, M.D., Dean.
School of Medicine of the University of Maryland	" "	1807	J. J. Chisholm, M.D., Dean.
Medical School of Howard University	Boston, Mass.	....	Calvin Ellis, M.D., Dean.
New-England Female Medical College	" "	1848	Stephen Tracy, M.D., Dean.
Medical Department of Michigan University	Ann Arbor, Mich.	1850	Abram Sager, M.A., M.D., Dean.
Detroit Medical College	Detroit, Mich.	1868	Theo. A. McGraw, M.D., Sec.
Missouri Medical College	St. Louis, Mo.	1840	John S. Moore, M.D., Dean.
St. Louis Medical College	" "	1842	J. T. Hodgson, M.D., Dean.
Medical College of Kansas City	Kansas City, Mo.	1870	James Chew, M.D., Dean.
Kansas City College of Physicians and Surgeons	" "	1868	S. S. Todd, M.D., President.
Medical Department of Dartmouth College	Hanover, N. H.	1796	Asa D. Smith, D.D., LL.D.
College of Physicians and Surgeons	New-York City, N.Y.	1807	James W. McLane, M.D., Sec.
Albany Medical College	Albany, N. Y.	1839	
Medical Department of the University of New-York	New-York City, N. Y.	1841	J. W. Draper, M.D., LL.D., Pres.
Woman's Medical College of the New-York Infirmary	" " "	1865	Emily Blackwell, M.D., Sec.
Medical Department of the University of Buffalo	Buffalo, N. Y.	1846	Julius F. Miner, M.D., Dean.
Long Island College Hospital	Brooklyn, N. Y.	1860	S. G. Armor, M.D., Dean.
Bellevue Hospital Medical College	New-York City, N. Y.	1861	Austin Flint, Jr., M.D., Sec.
Syracuse Medical College	Syracuse, N. Y.	1872	F. Hyde, M. D., Dean.
Medical College of Ohio	Cincinnati, Ohio	1819	James Graham, M.D., Dean.
Cleveland Medical College	Cleveland, Ohio	1843	J. L. Cassels, M.D., LL.D., Dean.
Starling Medical College	Columbus, Ohio	1847	Francis Carter, M.D., Dean.
College of Medicine and Surgery	Cincinnati, Ohio	1851	S. S. Lawson, M.D., Dean.
Miami Medical College	" "	1852	George Mendenhall, M.D., Dean.
Medical Department of the University of Wooster	Cleveland, Ohio	....	G. C. E. Weber, M.D., Dean.
Medical Department of Willamette University	Salem, Oregon	....	Daniel Payton, M.D.
Medical Department of University of Pennsylvania	Philadelphia, Pa.	1765	R. E. Rogers, M.D., Dean.
Jefferson Medical College	" "	1826	B. Howard Rand, M.D., Dean.
Woman's Medical College of Pennsylvania	" "	1850	E. H. Cleveland, M.D., Sec.
Medical Department of Lincoln University	Oxford, Pa.	....	Isaac N. Rendall, D.D., Pres.
Medical College of the State of South-Carolina	Charleston, S. C.	1824	George E. Trescot, M.D., Dean
Medical Department of University of South-Carolina	Columbia, S. C.	....	
Medical Department of the University of Nashville	Nashville, Tenn.	1850	T. B. Buchanan, M.D., Sec.
Memphis Medical Coll. (Med. Depart. of Cumberland Univer.)	Memphis, Tenn.	....	A. Erskine, M.D., Dean.
Texas Medical College	Galveston, Tex.	1863	
Medical Department of Vermont University	Burlington, Vt.	....	P. Collier, Ph.D., M.D.
Medical Department of the University of Virginia	Charlottesville, Va.	1825	S. Maupin, A.M., M.D.
Medical College of Virginia	Richmond, Va.	1838	James B. McCaw, M.D., Dean.
Medical Department of Georgetown College	Washington, D. C.	1850	Johnson Eliot, M.D., Dean.
Medical Department of Columbian College	" "	1858	John C. Riley, M.D., Dean.
Medical Department of Howard University	" "	1867	Robert Reyburn, M.D., Dean.
2. "*Eclectic*" *System.*			
Bennett College of Eclectic Medicine and Surgery	Chicago, Ill.	1868	Milton Jay, M.D., Dean.
Eclectic Medical Institute	Cincinnati, Ohio	1844	John M. Scudder, M.D., Dean.
Eclectic Medical College	New-York City, N. Y.	1866	
Eclectic Medical College	Philadelphia, Pa.	1848	
Eclectic Medical College	Macon, Ga.	....	
3. "*Homœopathic*" *System.*			
Hahnemann Medical College	Chicago, Ill.	1859	F. A. Lord, M.D., Registrar.
Homœopathic Medical College	St. Louis, Mo.	1858	
Homœopathic Medical College	New-York City, N. Y.	1859	Carroll Dunham, M.D., Dean.
New-York Medical College for Women	" "	1863	
Homœopathic Hospital College	Cleveland, Ohio	1849	H. F. Biggar, D.D., Registrar.
Homœopathic Medical College for Women	" "	1869	
Hahnemann Medical College	Philadelphia, Pa.	1847	H. N. Guernsey, M.D., Dean.
II. PHARMACEUTICAL.			
California Pharmaceutical Society	San Francisco, Cal.	....	
Chicago College of Pharmacy	Chicago, Ill.	1859	A. E. Ebert, Dean.
Indiana Pharmaceutical Society	Indianapolis, Ind.	....	
Department of Pharmacy, Iowa Wesleyan University	Mt. Pleasant, Iowa	....	John Wheeler, D.D., President.
Kansas College of Pharmacy	Leavenworth, Kan.	....	
Louisville College of Pharmacy	Louisville, Ky.	....	F. C. Miller, Secretary.
Maryland College of Pharmacy	Baltimore, Md.	1841	J. Brown Baxley, President.
School of Pharmacy, University of Michigan	Ann Arbor, Mich.	1868	A. B. Prescott, M.D.
East-Saginaw Valley Pharmaceutical Association	East-Saginaw, Mich.	....	
Massachusetts College of Pharmacy	Boston, Mass.	1867	
New-Jersey Pharmaceutical Association	——, N. J.	....	
Newark Pharmaceutical Association	Newark, N. J.	....	
College of Pharmacy of the City of New-York	New-York City, N. Y.	1829	Edward L. Milhau, Secretary.
College of Pharmacy of Baldwin University	Berea, Ohio	1865	
Cincinnati College of Pharmacy	Cincinnati, Ohio	....	
Philadelphia College of Pharmacy	Philadelphia, Pa.	1821	Robert Bridges, M.D., Dean.
Rhode Island Pharmaceutical Society	Providence, R. I.	....	
School of Pharmacy of Howard University	Washington, D. C.	....	General O. O. Howard.
Washington Pharmaceutical Society	" "	....	R. B. Ferguson.
School of Pharmacy of Georgetown College	" "	1870	

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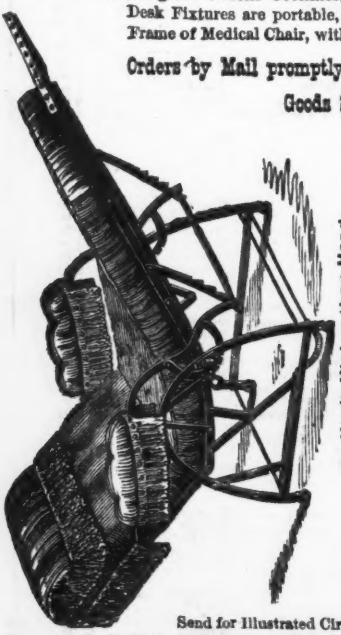

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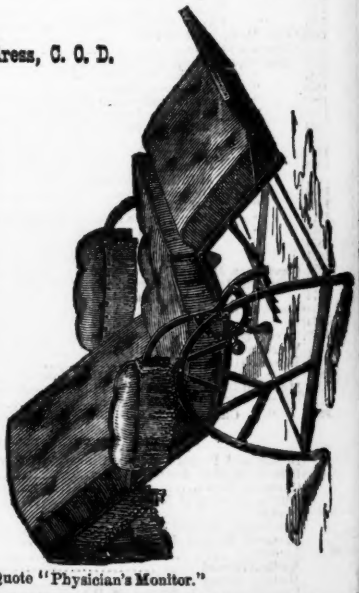

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